

## dr Chetty's Covid Treatment Part 4

50-64 minutes

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Here I have an interview by [Dr. Mobeen Syed](#) , from the physician education [platform DrBeen.com](#) , with Dr. Shankara Chetty translated. The interview appears to be from early November 2021. In June 2021, Dr. At the request of his course participants, Mobeen Syed has already given a lengthy interview to Dr. Chetty about his sensationally successful method of treating Covid-19.

### Title and sources of the original:

dr Shankara Chetty Discusses His COVID Management Approach

Link to the original:

- <https://youtu.be/ifuE8cBQbl4>
- <https://www.bitchute.com/video/nrq20xxXz9fr/>

### The most important information of the interview

- Each of the three corona waves in South Africa up to the interview was characterized by a different variant. These variants sometimes cause significantly different symptoms.
- In South Africa, the vaccinations were carried out at different times on a provincial basis. Vaccination was first done in Gauteng Province (the Johannesburg area), then in the West Cap Province (Cape Town) and then in KZN (KwaZulu-Natal). The third wave with the delta variant then started first in Gauteng after which it died down there the third wave started in the West Cape area and as it died down there it started in KZN. This may be a coincidence, but it is also an indication that the vaccinations could lead to corona waves.
- The population of South Africa was affected very differently in the different waves. In the first wave, the lower class was particularly affected. This developed a natural herd immunity in the first and second waves, which hardly affected it at all in the third wave. In the second wave, the middle class was particularly affected. The third wave with the delta variant essentially affected the upper class. dr Chetty says that the very different ability (and willingness) to comply and lockdown measures was the key reason for the different impact in each wave. Lockdown measures have been practically unenforceable among the lower classes in South Africa, so they have developed natural herd immunity.
- The phenomenon that the autoimmune disease, which can lead to a severe course, begins on the eighth day after the appearance of the first symptoms, was observed in all three waves.
- Long-Covid is apparently only a consequence of omitted, too late or wrong treatment. In the first wave, Dr. Chetty hasn't seen any long covid cases. In many long-Covid cases, which later turned to him, probably because he gradually became better known for his successes in Covid treatment, he was able to significantly alleviate the symptoms or in some cases even completely heal them. It might be worth reading the interview against this background.
- The loss of smell and taste in Covid patients also appears to be related to pre-existing allergies. Apparently, an improvement is often possible if patients pay particular attention to their existing allergies and avoid triggers for these allergies.

**start of translation**



**dr Mobeen:** [00:00:01] This is Dr. Mobeen Syed. Today we have another heavyweight rock star with us, Dr. Shankara Chetty from South Africa. His credit is the COVID management of seven thousand patients with no deaths so far. So let's ask him what he's been observing since he last met us online. What about the new variants? How are his patients recovering? Any symptoms when changing and so on? So, very briefly, I'll [00:00:30] tell you Dr. Introduce Shankara so you can see his contacts. So this is the contact address of Dr. Chetty here Pathogenesis and RX of COVID, Dr. Shankara Chetty, BSc (University of Witwatersrand) and MBBS (JSS Medical College), then this is one of his works ROUNDUP Windows on the World.

Note d. Transl.: Regarding the two works by Dr. Chetty in Modern Medicine, see my translations and the pictures in [Dr. Chetty's Covid Treatment Part 1](#) and [Dr. Chetty's Covid Treatment Part 2](#).

Monitoring and treatment of COVID 19 by a KZN doctor reveals a missing element, which is lifelong learning of virology. [00:01:00] Elucidating the pathogenesis and symptoms of COVID reveals a missing element. So, dr Chetty, welcome to the show.

**dr Chetty:** [00:01:12] Thanks for letting me be back. dr Mobeen, it's a pleasure to be here.

**dr Mobeen:** [00:01:17] So let's start our discussion. First of all, tell me this: how are you and how is your family? Are you all sure? You have practiced from home, what is your own status? [00:01:30]

**dr Chetty:** [00:01:32] We're all sure Dr. Mobeen and in good health. I think we all have some level of natural immunity so none of us get sick despite being exposed to it. My son still goes to school. My wife is fine. I'm still treating patients the

same way I did when the pandemic started and I've managed to stay healthy and well ever since.

**dr Mobeen:**[00:01:56] Very good, thank you very much. I'll start the questions now and [00:02:00] also say hello to the Koolbeens [apparently Dr. Mobeen student]. You have been asked so many times, you are so popular, you are so famous and thank you very much for your service. Saving seven thousand lives is a big deal. Saving even one is a big deal. And sometimes people talk to me and say, you know what? If a doctor comes and says I've saved a hundred people, that's a normal percentage. Usually it's only one or two out of a hundred people who go to the hospital, about 19 percent can go to the hospital and then [00:02:30] also one or two percent die. So it's no big deal. But if you talk about seven thousand [00:02:35] patients [00:02:35] and then say, that you have successfully treated, cared for and rescued her. That's a big deal. Whatever your method, more power for you. So I'll start with this one. First of all, given the latest variants and the recent threat of contagion, will South Africa still be dominated by Delta or another variant?

**dr Chetty:** [00:02:59] The predominant [00:03:00] variant in South Africa is now the Delta variant. The South African variant that we used to have seems to be over and we are mainly dealing with the Delta variant in South Africa now.

**dr Mobeen:** [00:03:12] Roger. (..internals for the Koolbeens..) So, [00:03:30] Dr. Chetty, the second question? Vaccinations, how are vaccinations going in South Africa? What vaccines are available? Have you noticed any reinfections after vaccination? What is the benefit of the vaccine you see in your community and so on? Tell us a little more about vaccines.

**dr Chetty:**[00:03:53] The roll out of the vaccine has been underway here in South Africa for about five months. There are two [00:04:00] vaccines that are most commonly used: Pfizer's vaccine and J&J's vaccine. J&J's vaccine was initially launched for healthcare professionals, while Pfizer's vaccine was aimed more at the general public. We haven't seen any real decrease in cases since the vaccination campaign. Our vaccination rate is not as high as the authorities would like. I think we're closer to 20 percent coverage right now, but we've seen some [00:04:30] breakthrough cases. We've seen some change in the type of illness we've experienced with COVID in these breakthrough cases. And of course there are some vaccine side effects that need to be addressed. So the vaccines have changed the disease a bit, but overall we're still seeing a lot of unvaccinated patients with COVID because of the low coverage. Weirdly, we've neglected natural immunity, which I think is to our detriment. [00:05:00] As far as I have been able to ascertain in all the patients I have treated, no patient [recovered from a symptomatic illness of Covid] has become infected again. I don't test unnecessarily and I think the reinfections could be a mirage of a bad PCR test. But we are now dealing with the full range of interventions, as is the case in the rest of the world with all types of patients, in both single dose and fully vaccinated patients. And of course I still see the full range [00:05:30] of age groups, genders and socioeconomic groups. It gives me a unique perspective to look at all the different facets I see in my patients.

**dr Mobeen:** [00:05:41] Understood, thank you very much. So it's possible that my questions are missing an important message. So, before we proceed with my inquiries to you, is it possible that you have observed anything suspicious that you want to make sure you can, want to report [00:06:00]? How about you take the floor? Give us your overall observation so far, and then I'll continue with my questions.

**dr Chetty:**[00:06:10] Ok. From the perspective of infection in unvaccinated patients, which I have the most experience with, the Delta variant appears to be much milder. As for infectivity, I don't think it's much more contagious [00:06:30] than the previous variant. The disease it causes appears to be very similar to what we had in the first wave here in South Africa. In the second wave with the South African variant, we had a lot more gastrointestinal symptoms. That is not the case now. We're seeing a lot more normal viral flu, upper respiratory infections, in the early stages of the disease. Yes, we have the deterioration into the hypersensitivity-hyperinflammatory phase [00:07:00] and the treatment modality has basically remained the same for these patients. All of my patients are interviewed about the onset of their illness and are given an 8th day prognosis to watch for worsening symptoms or the emergence of new symptoms so they can return in time for treatment. That was, I think, the most important factor in my success: Prompt, early, aggressive treatment of the second phase of the [00:07:30] disease once it begins. As for vaccines, there were certain things I noticed about Pfizer vaccines early in the rollout that were relatively unusual. I have found that many patients come to me with a condition seven to 10 days after vaccination and test positive for COVID. to watch for worsening symptoms or the emergence of new symptoms so they can return in time for treatment. That was, I think, the most important factor in my success: rapid, early, aggressive treatment of the second phase of the [00:07:30] disease once it begins. As for vaccines, there were certain things I noticed about Pfizer vaccines early in the rollout that were relatively unusual. I have found that many patients come to me with a

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As for vaccines, there were certain things I noticed about Pfizer vaccines early in the rollout that were relatively unusual. I have found that many patients come to me with a condition seven to 10 days after vaccination and test positive for COVID. To these patients this seemed too common to just be a natural occurrence. So [00:08:00] I started asking colleagues around the world about that. I was aware that some people were afraid of the delta variant and noticed that the patients desaturated (= decrease in the oxygen saturation of the blood) very early on. But I've never seen that in my unvaccinated patients. When I noticed this phenomenon in vaccinated patients seven to ten days after vaccination, I took the opportunity to biomark them a little earlier, not just on day eight, and I found that these patients [00:08:30] actually exhibited rising CRPs, interleukins and D-dimers. Therefore I was of the opinion that it was a reaction to the spike protein rather than true COVID illness. For patients who became ill seven to ten days after vaccination, I assumed that they were already in the eighth day stage. So they were already in the hypersensitivity-hyperinflammatory phase of this disease and needed to be monitored a little more closely because [00:09:00] their blood oxygen saturation would decrease much more rapidly since they had presumably skipped the viral phase of this disease and went straight to what I would call some sort of spike protein disease. In this way I managed to prevent a deterioration in this group of vaccinated patients. I then started looking at IgE levels in these patients as a marker. that they were already in the stage after the eighth day. 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IgE is a slow marker and it proved difficult to [00:09:30] predict on day eight as it took a few days for it to rise. In those patients who are exposed to spike protein from a vaccine, I thought I should start looking at IgE levels as a biomarker or predictor of severity, since some of these patients who are vaccinated may have severe reactions and because they have a sudden drop in oxygen saturation on the third or fourth day of illness, which, according to the evolution of the disease, is actually the eleventh or twelfth day. I [00:10:00] found that IgE levels were a fairly reliable marker for the patients I had to be careful with in that time frame. It also became very important record the vaccination status of each individual patient. Of course, the timing of the vaccination was crucial. I have found that this type of disease occurs up to a month after vaccination. As the first month drew to a close, the possibility of a real outbreak of infection increased. And [00:10:30] that's why these patients needed to be monitored more carefully. This enabled us to significantly reduce the severity [of the diseases] in the post-vaccination phase. As for breakthrough infections, I see patients who are fully vaccinated with both the Pfizer vaccine and the J&J vaccine coming to me two or three months after completing full vaccination with COVID. that this type of disease occurs up

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The breakthrough infections [00:11:00] indeed show the eight-day phenomenon, on this day the oxygen saturation of the blood decreases. However, not as strong as I would expect in unvaccinated patients. However, I do think that the therapeutic benefit or tolerance that the vaccine induces in these patients may wear off over time, and that further from the point of vaccination we no longer have this symptom of symptomatic benefit in patients after the eighth day could. I've had [00:11:30] some patients who were fully vaccinated and where the drop in oxygen saturation started a little later than day eight. On the eighth day we are fine, but on the 12th or 13th day our condition worsens. I think that could also be a measure of tolerance, that the vaccine first neutralizes the spike protein on day eight and beyond. Until this tolerance is overcome, the patient is actually fine. So I would assume that [the positive effect of vaccination] [00:12:00] is more of a kind of desensitization from exposure to the spike protein from vaccination than an immunological benefit that causes infection and prevent transmission of the virus. I would like to see research pushed in this direction to understand a little bit about the effect of vaccinations. 00] is a type of desensitization from exposure to the spike protein from vaccination rather than an immunological benefit preventing infection and transmission of the virus. I would like to see research pushed in this direction to understand a little bit about the effect of vaccinations. 00] is a type of desensitization from exposure to the spike protein from vaccination rather than an immunological benefit preventing infection and transmission of the virus. I would like to see research pushed in this direction to understand a little bit about the effect of vaccinations.

**dr Mobeen:** [00:12:20] I see, thank you very much for this thoughtful analysis, and I also wanted to give a quick update on what's going on in South Africa [00:12:30] in connection with our discussion. So these are the cases of South Africa.

It's amazing that this third wave, or maybe third and fourth waves combined, has almost no cases left. And if we go down here is the number of deaths

also decreased a lot, which makes me curious. They said the vaccination rate could be around 20 percent. South Africa was also affected by this very aggressive [00:13:00] variant, the South African one, I think. How come, what do you think, why is this happening? Is this because herd immunity has evolved, or because doctors have learned how to deal with it, or because people have learned to protect themselves, or because variants have weakened, or a combination of all of these? What's going on that South Africa is almost out of it [00:13:30]?

**dr Chety:**[00:13:33] I think it's a combination of things, Dr. mobeen If you look at the chart of the first wave death rates, you can see that the variant wasn't as contagious. So we have a broader curve in the second wave, we had a much more contagious variant. So we have a tighter curve here with the highest spike and in the third wave again a not very contagious [00:14:00] variant. I think the curve is wider. He's not that contagious. It takes a long time to reach the general public. I think there are many variables that play a role in this. Yes, the doctors know more about the treatment of this disease. So we manage to prevent a large part of the deaths that occur there. Herd immunity has developed. There was a study conducted by the South African blood banks towards the end of the second wave, which showed an increase in

antibody levels in blood donors, namely sixty-four percent of the [00:14:30] patients who reported, and was limited to patients with no history had a COVID illness. So we can state that the basic immunity or basic immunity or herd immunity is present in our population. And I think that's why we got to this low level. We have a population with very different socio-economic dynamics. So I think herd immunity [00:15:00] developed much earlier in the lower socioeconomic groups during the first and second waves because that's where the virus spread in the communities, who were unable to isolate themselves, widespread. This is a double-edged sword as they quickly developed herd immunity. Now, in the third wave, I don't see as many COVID patients from the lower socioeconomic classes contacting me. So I would surmise that this is a good indication of herd immunity in this demographic. The [00:15:30] third wave appears to be affecting the upper socioeconomic groups. These are the ones who were able to avoid the other variants through lockdown and isolation measures and who could afford these long-term isolation and lockdown strategies. because they quickly developed herd immunity. Now, in the third wave, I don't see as many COVID patients from the lower socioeconomic classes contacting me. So I would surmise that this is a good indication of herd immunity in this demographic. The [00:15:30] third wave appears to be affecting the upper socioeconomic groups. These are the ones who were able to avoid the other variants through lockdown and isolation measures and who could afford these long-term isolation and lockdown strategies. that this is a good indication of herd immunity in this population. The [00:15:30] third wave appears to be affecting the upper socioeconomic groups. These are the ones who were able to avoid the other variants through lockdown and isolation measures and who could afford these long-term isolation and lockdown strategies. that this is a good indication of herd immunity in this population. The [00:15:30] third wave appears to be affecting the upper socioeconomic groups. These are the ones who were able to avoid the other variants through lockdown and isolation measures and who could afford these long-term isolation and lockdown strategies.

**dr Mobeen:** [00:15:49] Understood, thank you very much. To continue the discussion, let's dig a little deeper. So firstly, congratulations on getting South Africa out of there, which is an important thing [00:16:00]. And you? Before I get to the medication, one more question. Does South Africa quarantine travelers? Or are there any infection control measures coming into the country or is that not an issue at the moment?

**dr Chety:**[00:16:22] No matter how hard one tries to identify and isolate such [00:16:30] patients, I don't think that's a pragmatic strategy in our country. Many people are unable to do this. Many people do not have a permanent home address, so they cannot be easily tracked down and isolated. In the first wave, the government set up large isolation facilities, but these remained almost empty during the first wave and were then abandoned. So many of the public health isolation and lockdown measures have not really helped [00:17:00] to change the face of the pandemic in our country, as much as the government has implemented different levels of lockdowns. Our society is not able to follow that easily. People travel long distances to access basic services and this makes such lockdown measures difficult to implement. So I think the public health measures in terms of isolation, tracking and tracing, and lockdowns didn't have a huge impact on the cases we saw. I [00:17:30] think it's more of a natural spread of this infection through our community and the socioeconomic conditions that people are living in and the differences in how they adhere to these lockdown strategies may have made a difference in the type of clientele we see in the various waves that have occurred to date. and that makes it difficult to implement such lockdown measures. So I think the public health measures in terms of isolation, tracking and tracing, and lockdowns didn't have a huge impact on the cases we saw. I [00:17:30] think it's more of a natural spread of this infection through our community and the socioeconomic conditions that people are living in and the differences in how they adhere to these lockdown strategies may have made a difference in the type of clientele we see in the various waves that have occurred to date. and that makes it difficult to implement such lockdown measures. So I think the public health measures in terms of isolation, tracking and tracing, and lockdowns didn't have a huge impact on the cases we saw. I [00:17:30] think it's more of a natural spread of this infection through our community and the socioeconomic conditions that people are living in and the differences in how they adhere to these lockdown strategies may have made a difference in the type of clientele we see in the various waves that have occurred to date. Tracking and tracing and lockdowns didn't have a big impact on the cases we saw. I [00:17:30] think it's more of a natural spread of this infection through our community and the socioeconomic conditions that people are living in and the differences in how they adhere to these lockdown strategies may have made a difference in the type of clientele we see in the various waves that have occurred to date. Tracking and tracing and lockdowns didn't have a big impact on the cases we saw. I [00:17:30] think it's more of a natural spread of this

infection through our community and the socioeconomic conditions that people live in and the differences in how they adhere to these lockdown strategies may have made a difference in the type of clientele we see in the various waves that have occurred to date.

**dr Mobeen:**[00:18:02] Now [00:18:00] a quick disclaimer for the listeners here. This is medical education information. This is not medical advice, it is not a doctor-patient relationship. It's really very useful to go out into the world and see who's doing what and how they're doing it and learn from them. These insights can be useful for healthcare professionals to see if there is anything they can do [00:18:30] to improve the outcome for their patients. With this disclaimer, please ensure you are not taking these medications over the counter or self-medicating directly. That can be really dangerous. I will now with Dr. Chetty discussing the pre-COVID, during-COVID and post-COVID irregular rhythm. What are its treatment methods? So again, please remember the disclaimer. So, dr Chetty tell me [00:19:00] how are you doing in the acute phase, what was your treatment before, what is your treatment now, in short, what is your treatment and how are you doing with it? Are there any changes?

**dr Chetty:**[00:19:13] My management, Dr. Mobeen, in my opinion, encompasses three aspects. In general, I have a very established patient base in the community, families who come to me with health issues and I've advised them to [00:19:30] get some fresh air since the beginning of the pandemic, exercise and watch your diet. By assuring them that I will be there for them, and of course providing them with pragmatic information about the pandemic, I managed to allay much of the fear in my community and because the strategy of lockdown and isolation isn't changing here proved very effective. I don't think the public fear was as great as in some other countries where the lockdowns [00:20:00] were rigorously enforced. I think, the two biggest co-morbidities in COVID are obesity and anxiety and I think those are the two things I've focused on to keep the population healthy, to exercise and of course to try to reduce the fear of the to take pandemic itself. My success also made them understand that the disease is treatable and they need not be afraid. In terms of prevention strategy, none [00:20:30] of the prophylactic medications have shown any benefit and I didn't want to put my community at risk. So I think the healthy lifestyle was the big, big step in that direction as far as the acute phase of the disease was concerned. I have always mistaken the initial viral phase of the disease for ordinary flu,

The majority of patients showed signs of improvement as early as day five, if not sooner. [00:21:00] There were those who had complications, like any flu-like illness, viral infections, who had bacterial co-infections and needed antibiotics and the rest. But my aspiration in the early stages of this disease has always been to encourage people to come in early and not wait for their symptoms to get worse. I know it is a biphasic disease with a very non-linear course where there is no correlation between the two phases. So my [00:21:30] early intervention was aimed at getting patients out of the viral phase of this disease as quickly as possible so that we could prepare for what what would happen on the eighth day. With the public education by the religious brotherhood which has done a great deal to educate people about the disease. And so I managed to get the patients to come relatively early for the first time. I have patients who come to me on day one or two of their symptoms, which [00:22:00] is good because I then have time to assess them and treat them symptomatically to get them through this viral phase. So most of my patients showed a good clinical recovery already on the fifth or sixth day of illness. But that doesn't change what could happen on Day 8. And so we educated the patients about their respective 8 days and that also allowed them to watch out for new symptoms on that day or from that day onwards.

And when they notice new symptoms, they introduce themselves [00:22:30] very quickly. The symptoms appearing on day eight changed in the three waves with three variants. In the first wave, it was the breathlessness that came on relatively quickly on day eight and made it possible to see a change on that day. In the second wave, the gastrointestinal symptoms seemed to return and the shortness of breath and dyspnea shifted a little. For the third wave with the delta variant, I find that the main symptom on day 8 [00:23:00] is fatigue. And by identifying these symptoms early and treating patients, I can educate the patients who come early about what to look for on day eight and encourage them to come to me on time. so i think that the most important factor in saving lives during this pandemic was the education of my patients, and not necessarily the treatment measures. The diversity of people we see. No two [00:23:30] are the same. The treatment must therefore be tailored to the patient in front of me. The perspective has remained the same but the training has enabled me to intervene aggressively in time and prevent the need for these hospitalizations and of course the deaths.

**dr Mobeen:** [00:23:48] Roger. I'm looking at the comments right now and someone writes that you said the vaccine causes a similar [00:24:00] inflammatory response to COVID. I hope that's not your message. Is that it? Was that your message?



**dr Chetty:**[00:24:10] What I saw, Dr. Mobeen, is something we've been watching around the world. I mean consult a number of epidemiologists around the world. Recently we had a meeting where we discussed the results from around the world and we saw an increase in cases after mass vaccination [00:24:30]. I think it's not really the vaccine that's causing this, but maybe the PCR test that's misdiagnosing things like this. Yes, here in South Africa we saw that very clearly. On the world stage, the numbers are usually aggregated at the country level. So you don't see how the vaccinations in the different groups could affect the disease. When the mass vaccinations were introduced here in South Africa [00:25:00], the first province of our country, where the mass vaccinations were carried out, very eager to be vaccinated, so the government had to prioritize. So Gauteng province was the first to be vaccinated and there was a big mass immunization drive there. Then the vaccination campaign ended in Gauteng and moved on to the Western Cape region where we ran a large campaign. And a few weeks after it leveled off there, vaccinations started moving [00:25:30] into KZN, my province, and there was a massive rush there too. So in the absence of a widely available vaccine, the government had to strategize and go province by province. But oddly enough, this has also resulted in the third wave seemingly spreading from province to province. The third wave began unlike the first two, in Gauteng. There it [00:26:00] reached a climax. And when the third wave settled in Gauteng, it seemed to have crossed over to the Western Cape. And while the Western Cape was calming down, the third wave in KZN was picking up speed. And now the wave seems to be relaxing in KZN. It could be coincidence, but the vaccinations appear to be ahead of the rise in cases in those provinces. But that could have been the cases [00:26:30] that I see seven to 10 days after vaccination. This could just be the body's response to the spike proteins and not necessarily COVID-19. Many of the side effects we see with vaccination are related to a reaction to the spike protein, an allergic process, and an immune-mediated condition. So it's entirely understandable that there will be an initial reaction to this vaccine. And I think that's what we saw. And that's something [00:27:00] that's seen across the globe in a fairly high percentage of the countries that have done these mass vaccination campaigns. So I don't think there is anything unusual there. I think you just have to understand it a little bit better.

**dr Mobeen:**[00:27:14] Understood. Just a quick note because some people are now asking if any of these doctors doubt the need for the vaccine.? So I want to be clear. I'm a pro vaccinator. I have been vaccinated myself [00:27:30]. My family got vaccinated and we all did it voluntarily. It's not like we've been harassed. We're currently considering how to move towards boosters, if at all. So I think vaccines are important. One thing I've always done as a moderator here is don't push anyone. For example, I wouldn't say that you need to take a [00:28:00] vaccine or ivermectin or vitamin D. Instead I present the data points and then you are smart enough. You are mature enough to make your own decisions. I'm not the one making a decision for you. And frankly, even if I made a decision for you, would you listen to me? And I can't offer any medical advice or opinion anyway. Still, I want to keep moving forward. So [00:28:30] Dr. Chetty, as we move on to the next step after the acute phase, is there anything that has changed for management?

**dr Chetty:**[00:28:48] Dr. Mobeen, maybe we've seen three waves since the beginning of the pandemic, we've seen three variants of this virus. There are certain things that have worked [00:29:00] and there are certain things that have not worked. The course of the disease has remained relatively the same. So we still have a viral phase of the disease for the first seven days, which patients recover from around the fifth or sixth day, regardless of the variant. We also saw symptoms worsen by day eight, which has remained constant regardless of variant. In patients prone to this type of deterioration [00:29:30], this is the case from the eighth day. So the eighth day remained relatively predictable throughout. A few things have changed. The change lies in the contagiousness of the variants. The second wave, with the South African variant, is the most contagious we've seen. I noticed this from the rapid spread in the families. The third wave, the Delta variant, is not as contagious as the South African variant, nor [00:30:00] as deadly. Yes, the differences were in the early stages, all three had viral-like illnesses in the viral phase. The first and third appear to be the same type of upper respiratory infection. However, the first wave was more of a sore throat. Their pharyngitis, laryngitis, and sometimes bronchitis, usually a complication of bacterial infection. The third wave appears to be upper respiratory infections again [00:30:30]. In the second wave it was more gastrointestinal symptoms with a hint of bronchitis or a hint of upper respiratory pharyngitis and so on. In the viral phase, these were generally the differences in the hypersensitivity, hyperinflammatory, and hypercoagulation phases of the disease, which appeared to begin on day eight. [00:31:00] The differences I saw were in the first wave that the presenting symptom that day was shortness of breath, in the second wave the presenting symptom on the eighth day was apparently some budget of gastrointestinal symptoms. In the third wave, the first symptom on day eight appears to be more general fatigue. These three symptoms, as far as they appeared on the eighth day, ranked second to the gastrointestinal [00:31:30] symptoms and fatigue. In addition, shortness of breath developed over the course of a day or two. With the Delta variant, I see much less breathlessness or a decrease in saturation that I saw with the first two waves. This is a difference in the Delta variant, but a much more severe clotting disease is also seen in the Delta variant. A higher

D-dimer surge. I have patients who develop clots that need treatment. So I think there's a little difference [00:32:00] in the way the different variants and the different spike proteins that they have cause the reaction in the body. So we have to compare the biological effects of the different variants,

**dr Mobeen:** [00:32:19] Thank you very much. Thank you very much. Now I want to ask one more burning question. And these are the longcovid cases because I think the number of longcovid cases is slowly increasing and we need to figure out how to [00:32:30] help and manage them. Firstly, have you ever seen post-COVID symptoms, i.e. patients who are still suffering for a long time? Have you seen nausea, tinnitus? And if so, how did you manage them? How did you approach their management?

**dr Chety:**[00:32:50] As for the long-term cases, where were they in the first wave when everything was new to us? In the first wave, when everything was [00:33:00] new, I started treating the patients from that perspective and understanding that things change on day eight. I was very suspicious that we were dealing with some kind of hypersensitivity trigger that causes drastic mast cell degranulation, leading to hyper-inflammation if not properly controlled, and then to the world-documented clotting. So my treatment method [00:33:30] followed the understanding that it is a mast cell degranulation. And of course, based on that hypersensitivity, my eight-day understanding of the pathology was, stratify the illness on that day, or classify the illness on that day as mild, moderate, and severe. Of course, there were those who didn't have any symptoms that day, and those were the ones where the disease didn't exist. So my goal was to understand the disease from day eight. So I [00:34:00] had mild, moderate, and severe cases, but I had to treat each one as a severe case until proven otherwise. I think that the speed of recovery and the patient's recovery and the resolution of the symptoms determine whether the reaction is mild, moderate or severe. and these were the ones in which the disease did not exist. So my goal was to understand the disease from day eight. So I [00:34:00] had mild, moderate, and severe cases, but I had to treat each one as a severe case until proven otherwise. I think that the speed of recovery and the patient's recovery and the resolution of the symptoms determine whether the reaction is mild, moderate or severe. and these were the ones in which the disease did not exist. So my goal was to understand the disease from day eight. So I [00:34:00] had mild, moderate, and severe cases, but I had to treat each one as a severe case until proven otherwise. I think that the speed of recovery and the patient's recovery and the resolution of the symptoms determine whether the reaction is mild, moderate or severe. So that dictated the length of treatment and the aggressiveness of treatment after the eighth day. And so I had no long-COVID patients in the first wave. Once the patients had made a full recovery [00:34:30] and were off the medication, I found that they had made a full recovery. I have not had any patients develop any chronic diseases. I have had no long-term symptoms, nor have I ever had long-term Covid. However, as the second wave approached, I began to see long-term COVID cases asking my advice. So the perspective was that I was dealing with some kind of mast cell activation syndrome that had not been adequately treated. And with this treatment method, I have [00:35:00] patients with fatigue, chronic headaches, chronic gastrointestinal symptoms and patients with recurrent shortness of breath. But these symptoms, like mast cell activation, were never constant, never progressive. Patients reported that one day they felt fine and suddenly became acutely ill again. So it was like fireworks. When you think it's over, it seems to start again. So this is [00:35:30] typical of mast cell activation syndromes, and I thought that mast cell degranulation, if left untreated, sets in motion an ongoing cycle of mast cell events. So it was like fireworks. When you think it's over, it seems to start again. So this is [00:35:30] typical of mast cell activation syndromes, and I thought that mast cell degranulation, if left untreated, sets in motion an ongoing cycle of mast cell events. So it was like fireworks. When you think it's over, it seems to start again. So this is [00:35:30] typical of mast cell activation syndromes, and I thought that mast cell degranulation, if left untreated, sets in motion an ongoing cycle of mast cell events. So these patients were treated with the same method to slow down the release of these mediators. And, of course, a brief course of steroids to try to break the cycle of degranulation. I have had some good results with these patients. However, if you [00:36:00] allow severe degranulating mast cell syndrome to persist long enough, damage will occur. That injury, of course, is what we're seeing. So recovery from a prolonged illness may not be complete because the damage was caused by the delay in treating the problem. The systems that seem to be affected by this type of syndrome are the respiratory system, the gastrointestinal system, the circulatory system [00:36:30] and the neurological system, and I think this tendency is patient dependent. That explains the tinnitus and dizziness, the gastrointestinal upset, the irritable bowel syndrome, the recurring shortness of breath, of course the blood clots that we saw with the increased clotting problems. I have seen patients develop increasing hypertension or new hypertension or diabetes with Long-COVID. But I think that perspective with Long-Covid is crucial in treating the [00:37:00] patients. The longer it takes us to get to the root of the problem, the more injuries we will have to deal with in the future. which we have seen with the increased clotting problems. I have seen patients develop increasing hypertension or new hypertension or diabetes with Long-COVID. But I think that perspective with Long-Covid is crucial in treating the [00:37:00] patients. The longer it takes

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**dr Mobeen:** [00:37:07] Understood, thank you very much. So Koolbeens, I will open the forum for some questions as well. So again, dr. Chetty, thank you for your time and insights. There is a question from Meg from Texas. Was the South African variant an important factor in the high herd immunity of the underclass and overall protection against [00:37:30] the Delta Wave?

**dr Chetty:**[00:37:33] I would say definitely. We don't have any tests or statistics to prove it, but in this wave I see few patients from lower socioeconomic groups. Even during the delta wave there were no lockdowns. The schools were not closed. People move freely. It seems that the lockdown status change is only seen on TV [00:38:00]. I would not describe us as a population that is very disciplined in such things. So I don't think the lockdowns played a role in that. But in the first wave, the disease spread very quickly in lower socioeconomic groups. In the second wave, it seemed to hit the middle class more. The third wave now appears to be affecting the upper socioeconomic group, and I think it's more about the ability to stick to lockdowns. [00:38:30] So I think the South African variant and its rapid spread in the community helped the community develop herd immunity. And now, in the delta wave, this community where the previous variant had spread seems unaffected by the new variant at all. Yes, so herd immunity was an important factor in the underclass. But herd immunity achieved through natural infection. that the community has developed herd immunity. And now, in the delta wave, this community where the previous variant had spread seems unaffected by the new variant at all. Yes, so herd immunity was an important factor in the underclass. But herd immunity achieved through natural infection. that the community has developed herd immunity. And now, in the delta wave, this community where the previous variant had spread seems unaffected by the new variant at all. Yes, so herd immunity was an important factor in the underclass. But herd immunity achieved through natural infection.

**dr Mobeen:** [00:39:00] Roger. Thank you very much. The next question is again, please, these are not medical advice topics and we cannot give direct advice in general. What about anosmia? Have you had patients with anosmia? How did you manage them?

**dr Chetty:**[00:39:21] Yes, I've had quite a number of patients who had anosmia and of course, post-Covid dysgeusia. [00:39:30] I have found that in patients who are like this, these symptoms still need to be treated. After all, the satisfaction that comes with eating is vital to our daily lives. And what I found strange is that patients with pre-existing allergies seem to take longer to smell and taste again. And so I began advising these patients to be very careful about [00:40:00] their pre-existing allergic problems. Those who were allergic to dairy and wheat, or those who had sinus allergies or seasonal atopy needed to be treated very well. And I found that the sense of smell and taste returns relatively quickly once I have rid the patient of the pre-existing allergy triggers. So I have a suspicion that it could be a pre-existing allergy that is perpetuating the [00:40:30] anosmia and lack of taste.

**dr Mobeen:** [00:40:33] Roger. Thank you very much. Augie asks if Dr. Chetty has seen full recovery of patients with long term Covid who have become symptom free?

**dr Chetty:**[00:40:45] Yes, I have. Many of the long-term patients who struggled with shortness of breath, fatigue and the like have made a full recovery. Recovery is slow. It's fastest in the first [00:41:00] days of intervention, and we usually see that. But since the process takes so long in your body, it would take a while for your homeostasis, your normalcy, to be restored. So there is rapid clinical recovery, but full recovery takes a little longer. I've had patients who suffered from protracted COVID symptoms for a year and recovered reasonably well within two or three weeks of starting [00:41:30] treatment. But we have to be very careful. There are people, who are damaged by long COVID and are coming back with fibrosis in the lungs. Any other conditions that can cause injury over a long period of time. But yes, we've had success with long-Covid patients. Besides, dr. Mobeen, I've taken the initiative in these long COVID cases, examining the IgE levels as well as the flux markers. So I could tell that they were showing an allergic reaction over a longer period of time [00:42:00]. I took the trouble to get the IgE levels of these patients, these long-term patients, before I started treatment, and I found that the vast majority of them had very high IgE levels. Some 40 times more than normal. I took great care to examine the atopic history to identify the two [00:42: 30] not to be confused. And I found that the IgE levels were high, which suggests that when we

talk about long-Covid we are dealing with a kind of immunological hypersensitivity. Treatment geared towards this perspective therefore appears to provide the best relief from symptoms.

**dr Mobeen:** [00:42:52] Roger. Thank you very much. Thanks for answering the questions, for your insights and also for the latest updates [00:43:00]. Koolbeens, it seems I have no further questions here. Dr. Chetty, would you like to make one final comment? We're closing for today.

**dr Chetty:**[00:43:14] Dr. Mobeen, I think we all need to work with doctors around the world who are treating COVID as outpatients so that we can better understand the disease. So I've never [00:43:30] been a drug shy person. I've never done that before. I never expected to be in the spotlight. And that's not the reason. The most important thing is the patient standing in front of us. And if I could give some advice to the patients and medical profession out there, I find that a lot of the treatment protocols out there take into account the inflammation that we see and the clotting that we see. But I think the most important thing [00:44:00] for my success was educating my patients, about the eighth day and the timely observance of that day and of course the treatment of what I would call hypersensitivity triggers. So the use of antihistamines and montelukast, added to the protocols in a timely manner, made the biggest difference regardless of which agent is used. I evaluated the rate of recovery and [00:44:30] reversal of hypoxia in the patients and found that the drug that made the biggest difference was an antihistamine. It seemed to be the quickest to reverse hypoxia, and I think if I have one piece of advice for people out there, it's that we need more information on this. We all need a solid discussion to get to the right perspectives. But we all need to be heard. And I think if there's any hope, it's [00:45:00] to keep the faith and not let fear be the driving force in this pandemic.

**dr Mobeen:** [00:45:07] So thank you very much. **dr Mobeen:** [00:45:07] So thank you very much. I hope we can have you back with us too, and I hope that you continue to successfully care for and manage your patients. Thank you for everything you have done and thank you for your time today.

**dr Chetty:** [00:45:22] And Dr. Mobeen, thank you for the exchange podium. And thank you for your recognition and encouragement.

**dr Mobeen:** [00:45:28] Absolutely. .... And thank you dr. Chetty, one more time. Thank you.

end of translation

#### Overview of all 7 parts of this series with links:

- [dr Chetty's Covid Treatment Part 1](#) Translation of Dr. Chetty's discovery and method for treating Covid in Modern Medicine, August-September 2020.
- [dr Chetty's Covid Treatment Part 2](#) Translation of a webinar lecture by Dr. Chetty, Aug. 21, 2021 at Covexit.com
- [dr Chetty's Covid Treatment Part 3](#) Chetty in Modern Medicine, August-September 2020. Dr. Chetty described his observations and his method after 200 successful Covid treatments at the time.
- [dr Chetty's Covid Treatment Part 4](#) Interview by Dr. Mobeen Sayed with Dr. Chetty, probably early Nov. 2021
- [dr Chetty's Covid Treatment Part 5](#) Link to the highly recommended Corona Committee simultaneous translation interview on 10 Dec 2021, with Dr. chetty
- [dr Chetty's Covid Treatment Part 6](#) Interview by Dr. Philip McMillan with Dr. Shankara Chetty on Dec 4, 2021
- [dr Chetty's Covid Treatment Part 7](#) Translation of an interview by Jean-Pierre Kiekens with Dr. Chetty, 22 Dec 2021 at Covexit.com
- [Translation of the abstract by Dr. Chetty's Phase 2 Treatment Protocol](#) . As a pdf file. For the information of doctors only.

